



South Bay Regional Public Safety Training Consortium Employment Application

This application is part of the selection process. Print or type all answers accurately and legibly. Provide all information requested. For additional space, attach extra sheets.

POSITION APPLYING FOR: _____

PLEASE RETURN COMPLETED APPLICATION TO: 3095 YERBA BUENA ROAD, SAN JOSE CA 95135

NAME(Last, First, Middle):		SOCIAL SECURITY NUMBER:	
ADDRESS (Street, City, State, Zip):			
HOME PHONE:	WORK PHONE:	IF UNDER 18 INDICATE AGE:	
DRIVER'S LICENSE NUMBER/STATE:		TYPE OF EMPLOYMENT DESIRED: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time/Temporary	
INDICATE ANY LANGUAGE OR OTHER SPECIAL SKILLS:			
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A MISDEMEANOR IN THE LAST FIVE (5) YEARS WHICH RESULTED IN IMPRISONMENT: YES _____ NO _____ <p style="font-size: small;">Conviction on a crime is not an automatic bar to employment. You need not list an arrest and/or a conviction when the record of such incident has been sealed in accordance with Penal Code Section 1203.45, or 851.5, nor if your record has been expunged or is expugnable pursuant to health and Safety Code Section 11361.3; however, you must list the conviction if you have received a release (per Section 1203.4 or 1203.4a of Penal Code or Welfare and Institutional code Section 1179 or 1772) or a pardon (per Section 4852.16 of the Penal Code).</p>			
LIST ANY CONVICTIONS:			
EDUCATION AND TRAINING			
HIGHEST GRADE COMPLETED: (CIRCLE) High School College Graduate 1 2 3 4 1 2 3 4 1 2 3 4		NAME AND LOCATION OF HIGH SCHOOL: _____ GRADUATE: Yes ___ No ___ Year ____	
LIST ALL COLLEGE, BUSINESS, OR TRADE SCHOOLS:			
SCHOOL NAME	DATE	MAJOR/SUBJECT	DEGREE
_____	FROM _____ TO _____	_____	YES___ NO___
_____	FROM _____ TO _____	_____	YES___ NO___

(over please)

WORK HISTORY (List beginning with most recent)		
ARE YOU CURRENTLY EMPLOYED? YES _____ NO _____		MAY WE CONTACT YOUR MOST RECENT EMPLOYER? YES _____ NO _____
DATES EMPLOYED: FROM _____ TO _____	HOURS PER WEEK:	REASON FOR LEAVING:
EMPLOYER:	ADDRESS:	EMPLOYER'S TELEPHONE NUMBER:
TITLE:	DUTIES:	
SUPERVISOR:		
DATES EMPLOYED: FROM _____ TO _____	HOURS PER WEEK:	REASON FOR LEAVING:
EMPLOYER:	ADDRESS:	EMPLOYER'S TELEPHONE NUMBER:
TITLE:	DUTIES:	
SUPERVISOR:		
DATES EMPLOYED: FROM _____ TO _____	HOURS PER WEEK:	REASON FOR LEAVING:
EMPLOYER:	ADDRESS:	EMPLOYER'S TELEPHONE NUMBER:
TITLE:	DUTIES:	
SUPERVISOR:		
REFERENCES:		
NAME:	PHONE NUMBER:	RELATIONSHIP:
NAME:	PHONE NUMBER:	RELATIONSHIP:
NAME:	PHONE NUMBER:	RELATIONSHIP:

I certify that, to the best of my knowledge, all statements in this application are complete and true. I agree and understand that any misstatement of, or purposeful omission of, material facts contained in this application will cause me to forfeit all rights to employment with South Bay Regional Public Safety Training Consortium, or if discovered after I have been hired by South Bay Regional Public Safety Training Consortium, may be the basis for immediate termination of employment.

DATE:	SIGNATURE:
-------	------------

South Bay Regional Public Safety Training is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act, applicants requiring accommodation for any part of the recruitment process must notify the business office seven days in advance of the deadline for the part of the procedure requiring accommodation. In order to be considered for placement, you must provide proof of U.S. citizenship or legal right to remain and work in the United States.